

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90379 029 ***150.00

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DOCUMENT # P02000009409

1. Entity Name
PSN FUNDING, INC.



Principal Place of Business
4131 E. BUSCH BLVD.
TAMPA FL 33617

Mailing Address
4131 E. BUSCH BLVD.
TAMPA FL 33617



2. Principal Place of Business
PO BOX 7052

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SEMINOLE, FL

City & State

4. FEI Number
03-0400527

Applied For
Not Applicable

Zip
33775

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIPPLE, STEPHEN H SR.
4131 E. BUSCH BLVD.
TAMPA FL 33617

Name
STEPHEN H. KIPPLE, Sr., ESQ.
Street Address (P.O. Box Number is Not Acceptable)
12908 N 15th STREET
#32
City **TAMPA** **FL** **Zip Code** **33612**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stephen H. Kipple, Sr., Esq.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KIPPLE, STEPHEN H SR.**
STREET ADDRESS **4131 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **PD** ☒ Change ☐ Addition
NAME **STEPHEN H. KIPPLE, Sr., ESQ.**
STREET ADDRESS **12908 N 15th Street**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen H. Kipple, Sr., Esq.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03 **813 989-0572**
Date Daytime Phone #

CR2E034 (10/02)